



Polk County Utilities Application for Automatic Bank Draft

1011 Jim Keene Blvd, Winter Haven, Fl 33880
Mailing address: P.O. Box 2019, Bartow, Fl 33831
Fax 863-298-4150 or 863-298-4111

Please Print Legibly

Name on Utility Account _____

Utility Account Number _____

Service Address _____

***If you have more than one service address please list all addresses to auto draft your bank account.

Mailing Address _____

Email _____ Phone Number _____

Banking Institution Name _____

Routing Number _____ Checking Account Number _____

We do not auto draft from savings accounts

Attach Voided Check here

**Must have your name on it (no starter or blank name checks will be accepted)

**If you do not have checks a bank statement or bank document will be accepted.
It must have your name and full account number on the banks letterhead.

Please initial that you understand the terms of this application.

I authorize Polk County Utilities to initiate utility bill payment deduction from my checking account from the banking institution listed above.

I understand the payment will be drafted from my checking account on the bill due date (20 days after the bill date).

I understand any bill disputes or inquiries must be made with Polk County Utilities within 5 business days of the bill due date.

This authorization is to remain in full effect until Polk County Utilities has received written notification to terminate. Please allow up to 30 business days to process this request.

I understand that it is my responsibility to make sure there are sufficient funds in the account at all times to make the required payments.

I understand that if this application is not completed in its entirety it will be returned to the mailing address listed above and will not be processed until all required documents have been returned.

I have included the required information for processing:

Voided check with names of account holders/bank document

All bank account holders have signed the application

If returning a business check for a personal acct attach proof of authorization to sign on behalf of the business

POA of person signing the application if different from utilities account holder.

Note: All bank account holders must sign this document.

Signature: _____ Date: _____

Signature: _____ Date: _____